

The Hospital Service Plan

For the expenses of Private In-Patient
Treatment at any Hospital or recog-
nised Nursing Home wherever situated

The London Association for Hospital Services
Tavistock House (South)
Tavistock Square, W.C.1

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The London Association for Hospital Services

(Sponsored by King Edward's Hospital Fund for London)

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The Hospital Service Plan

Open to everyone under sixty in
Great Britain and Northern Ireland

THE value of the HOSPITAL SERVICE PLAN to the community is unimpaired by the National Health Service, being complementary to the State scheme.

While every man woman and child in the country is now entitled to free treatment, whether out-patient or in-patient, hospitals are still enabled by the Act to provide for those who wish for the special amenities of a single room or small ward and to be treated as private patients by the physicians and surgeons concerned.

These advantages need not be the privilege of a minority. There is no reason why anyone should be debarred from securing for himself and his family private in-patient treatment at a hospital or a nursing home, as the Plan offers a range of subscription rates to suit the circumstances of all, and of benefit rates up to the maximum commitments likely to be incurred.

Since the Plan was set up by King Edward's Hospital Fund in 1943 to help the London voluntary hospitals and their private patients, it has attracted interest far beyond the London area, and now applications to join are invited from all persons under 60 years of age living in Great Britain and Northern Ireland.

Moreover, each subscriber with any registered dependants he may have, is eligible for its benefits in respect of in-patient treatment at any hospital or recognised nursing home in the United Kingdom, or abroad for a condition that could have arisen here.

The Association is controlled by a Council of Management, whose members are nominated by the British Medical Association, the Royal College of Physicians, the Royal College of Surgeons, and the Royal College of Obstetricians and Gynæcologists, and King Edward's Hospital Fund. As it is not run for profit, the Association is able to offer the highest possible benefits at the lowest possible rates of subscription.

Full details are given in the following pages, and you are cordially invited to complete the form of application and return it to the Secretary, The London Association for Hospital Services, Tavistock House (South), Tavistock Square, W.C.1.

Annual Subscriptions

	<i>Standard Scheme</i>	<i>Augmented Scheme</i>	<i>Maximum Scheme</i>
	£ s. d.	£ s. d.	£ s. d.
A. Individual	2 12 0	3 18 0	5 4 0
B. Subscriber and 1 dependant	4 4 0	6 6 0	8 8 0
E. Subscriber and 2 or more dependants	5 5 0	7 17 6	10 10 0

(Payment by half-yearly, quarterly or monthly instalments may be arranged.)

1. E. may include one adult dependant only, i.e., wife, husband or other relative under 60 years of age and all children under 18 years of age, also those over that age while in full-time attendance at an educational establishment and wholly supported by the subscriber.
2. All members of a family may join as individual subscribers if so desired.
3. A still higher cover may be obtained by increasing the Augmented or Maximum Scheme rates by 50 per cent. or 100 per cent.
4. Subscribers (not more than 60 years of age) desiring to transfer to a higher rate of subscription and benefit are invited to ask for details.
5. All subscriptions are payable for a full "subscription-year," viz., a period of 12 consecutive months from the date of enrolment or renewal.
6. While there is an age-limit of 60 for new applicants, subscribers and their dependants may remain enrolled after reaching that age.

(All Benefits relate to In-Patient Treatment)

HOSPITAL PAY-BED OR NURSING HOME CHARGES

In-patient maintenance, including the use of operating
(subject to an aggregate maximum of six weeks in any subscription year)

FEES OF PHYSICIANS AND SURGEONS

<i>Surgical Cases</i> —	Major surgical operation	...	...	...
	Intermediate surgical operation	...	...	...
	Minor surgical operation (including dependent children)	...	...	...
<i>Medical Cases</i> —	Period of two days	...	...	...
	Period of three days	...	...	...
	Period up to one week	...	...	...
	Daily rate after the first week	...	...	...

ANÆSTHETIST SERVICES

Major or intermediate operation	...	...	...
Minor operation	...	...	...

Note.—A schedule of the classification of operations can be seen on page 10.

CONSULTATIONS DURING AN IN-PATIENT TREATMENT PERIOD

(Not included above.)	...	...	...	...
Aggregate maximum payable in subscription year	...	...	...	...

RADIODIAGNOSTIC SERVICE

Aggregate maximum payable in subscription year	...	...	...	...
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PATHOLOGICAL AND BACTERIOLOGICAL INVESTIGATION

Aggregate maximum payable in subscription year	...	...	...	...
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RADIOTHERAPY

Complete course of treatment in any subscription year

TREATMENT—PHYSICAL MEDICINE

Per treatment	...	...	...	...
Aggregate maximum payable in subscription year	...	...	...	...

OTHER TREATMENT OR SERVICE WHILE AN IN-PATIENT

(Not included in the above schedule.) Discretionary payment of the cost of a course of treatment given by a duly qualified practitioner, amounting in any Subscription year to not more than the maximum amount payable for such treatment.

MAXIMUM RATES OF BENEFIT

The maximum period of treatment for which benefit is payable in any subscription year for a subscriber, or a subscriber and his registered family, shall not exceed six weeks, and within this period the maximum amount payable shall not exceed the aggregate maximum payable for such treatment.

N.B.—“Subscription year” means any period of twelve months.

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Sectional maximum rates of repayment.

Standard Scheme.	Augmented Scheme.	Maximum Scheme.
£ s. d.	£ s. d.	£ s. d.
7 7 0	11 0 6	14 14 0
26 5 0	39 7 6	52 10 0
13 13 0	20 9 6	27 6 0
5 5 0	7 17 6	10 10 0
2 12 6	3 18 9	5 5 0
3 3 0	4 14 6	6 6 0
5 5 0	7 17 6	10 10 0
15 0	1 2 6	1 10 0
3 3 0	4 14 6	6 6 0
1 1 0	1 11 6	2 2 0
2 2 0	3 3 0	4 4 0
6 6 0	9 9 0	12 12 0
3 3 0	4 14 6	6 6 0
6 6 0	9 9 0	12 12 0
3 3 0	4 14 6	6 6 0
6 6 0	9 9 0	12 12 0
25 4 0	37 16 0	50 8 0
10 6	15 9	1 1 0
5 5 0	7 17 6	10 10 0
12 12 0	18 18 0	25 4 0
105 0 0	157 10 0	210 0 0

How to obtain Benefit

Benefit may be received in respect of the accounts paid for in-patient treatment in the "amenity" or "pay" wards of a hospital, or in a recognised nursing home, anywhere in the United Kingdom, and outside the United Kingdom for conditions that could have arisen in this country. In order that the application for benefit shall be valid, the Secretary of the Association must be notified of admission to hospital at the earliest possible date. An application-for-benefit form will then be issued; and the completed form must be lodged at the Registered Offices of the Association within one calendar month of the patient's discharge from hospital or nursing home. Payment of benefit is made to the Subscriber, his nominee or legal representative.

Who can Join

Anyone under 60 years of age living in Great Britain or Northern Ireland.

How to Join

Please complete the accompanying form of application for enrolment and send it with a remittance to cover not less than three months (13 weeks) subscription, or preferably a banker's order to:—

The Secretary,
The London Association for Hospital Services.
Tavistock House (South),
Tavistock Square, London, W.C.1.

Where arrangements are made for subscriptions to be deducted from pay—e.g., for Government employees or employees of firms granting such facilities—special forms of authority are provided for this purpose.

Employers wishing to provide Group cover for members of their staff are invited to apply for particulars.

General Conditions

1. On acceptance as subscribers, applicants are informed of their date of enrolment.
2. Eligibility for benefit begins three months after the date of enrolment and ceases when the period covered by the annual subscription expires, but where subscriptions are not more than three months (13 weeks) in arrear, consideration will be given to a claim for benefit on receipt of the renewal subscription for the year.
3. Subscribers not more than three months (13 weeks) in arrear may renew their enrolment and remain in benefit, but when the period in arrear exceeds three months (13 weeks) they are required to re-join and wait the qualifying period of three months (13 weeks) before regaining eligibility for benefit.
4. Benefit is not given towards the cost of a period of in-patient treatment beginning before the qualifying period has elapsed.
5. Benefit is given only in respect of in-patient treatment or services received, in hospital or recognised nursing home, and on the recommendation of a registered medical practitioner.
6. Subscribers make their own arrangements through their doctors or surgeons for treatment in any hospital or recognised nursing home, wherever situated. The Association does not require, nor can it arrange, that treatment shall be sought or provided at any particular hospital or nursing home.
7. The right is reserved to decline to accept any application for enrolment or renewal of enrolment, and to stipulate special conditions of acceptance in some cases.
8. Persons over 60 years of age cannot be enrolled, but subscribers and their registered dependants may continue after attaining that age subject always to condition No. 7.
9. The right is reserved to revise the Plan and its general conditions from time to time, and any such revision would apply to all existing subscribers from the end of their current year of enrolment.

Exclusion of Liability

While the benefits of the Hospital Service Plan are payable in respect of medical and surgical treatment in hospitals or nursing homes, wherever situated, a few exceptions have had to be made in the interests of the general body of subscribers, our concern being to give the maximum cover while keeping subscriptions within reasonable limits.

It is therefore regretted that benefit is not payable for treatment in respect of any of the following contingencies :—

Incurable and senile cases.

Normal maternity treatment. (*But where maternity in-patient treatment is necessitated, by complications before or after birth, in excess of the normal period of confinement, certain benefits are payable.*)

Pulmonary tuberculosis.

Contagious or notifiable infectious diseases.

Accidents where damages are recoverable from a third party, or where compensation is payable under an insurance policy.

War injuries.

Mental deficiency and mental diseases necessitating certification.

Medical cases normally treated by the patient's own doctor in the surgery or in the patient's own home.

Cost of medicines and drugs and of surgical appliances.

Out-patient treatment, including preliminary consultation fees, oculist consultation for correcting errors of refraction, and the prescription and alteration of glasses ; dental treatment, dentures and dental diagnosis.

The Hospital Service Plan

Schemes and Facilities Available

- (a) Standard Scheme.
- (b) Augmented Scheme.
- (c) Maximum Scheme.
- (d) Double Augmented or Double Maximum Scheme.
- (e) Doctors' Scheme.
- (f) Scheme for Boys and Girls at Boarding Schools.
- (g) Extended Benefits Scheme for Out-patients.
- (h) Staff Group Enrolment by Employers.

Schemes (a) to (d) are described in this booklet. Details of any of the others will gladly be sent on request.

Please keep this booklet ; it may be useful for reference if you ever need to claim benefit. Further copies will gladly be sent to anyone who may be interested.

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